

# Vision Benefits

July 1, 2005 – June 30, 2006

Schedule of Benefits		
Benefit	In-Network Coverage*	Out-of-Network Coverage
Vision Exam	Covered in full	\$45 Allowance
Lenses (per pair)		
Single	Covered in full	\$52 Allowance
Bifocal	Covered in full with Lines	\$82 Allowance
Trifocal	Covered in full with Lines	\$101 Allowance
Frames		
Free Frame Collection	Approximately 270 frames Covered in full	N/A
Designer Frames	Up to \$170.00 if not off tower	\$45 Allowance
Contact Lenses		
Medically Necessary Lenses	Covered in full with prior approval	\$80 Allowance
Single Vision Lenses	\$97	\$97 Allowance

Benefits are provided for one exam and one pair of glasses or contact lenses per year.

\*Services must be rendered by a Davis Vision provider.